



# **Health Care for the Homeless**

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### **Bibliography #24**

### **Homeless Women And Violence**

**November 2001**

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**Policy Research Associates, Inc. • 345 Delaware Avenue, Delmar, New York 12054**  
Under contract to the Health Resources and Services Administration, Bureau of Primary Health Care

Bassuk EL, Dawson R, Perloff J, Weinreb L. **Post-traumatic stress disorder in extremely poor women: implications for health care clinicians.** J Am Med Womens Assoc, 56(2):79-85, Spring 2001.

**OBJECTIVES:** To identify childhood antecedents for lifetime post-traumatic stress disorder (PTSD) and to determine how this diagnosis relates to health and service use among extremely poor women. **METHODS:** We conducted a secondary data analysis of 425 women in the Worcester Family Research Project, a case-control longitudinal study of 220 sheltered homeless and 216 extremely poor housed (never homeless) women in Worcester, Massachusetts. **RESULTS:** We found that extremely poor women with lifetime PTSD were more likely to have grown up in family environments of violence, threat, and anger than those without PTSD. The strongest risk factor for PTSD was childhood sexual abuse with threat. Low-income women with lifetime PTSD had more bodily pain, even when controlling for other health and demographic factors. Women with PTSD experienced more chronic health conditions and had more problematic relationships with their health care providers and perceived more barriers to care. **CONCLUSION:** Many low-income women have difficulty using medical care appropriately because of childhood histories of physical and sexual abuse, the subsequent development of post-trauma responses, and structural barriers to care. Given these factors, it is critical that health care clinicians routinely screen for histories of violence and PTSD and develop treatment plans that ensure safety, link current symptoms with prior experiences, and provide support as necessary. A team approach coordinated by a case manager may be the best strategy. Without routine screening for PTSD and sensitive treatment, many extremely poor women will receive compromised health care and may even be retraumatized.

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El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J. **Correlates of partner violence among female street-based sex workers: substance abuse, history of childhood abuse, and HIV risks.** AIDS Patient Care STDS, 15(1):41-51, Jan 2001.

This study examines the prevalence of physical and sexual abuse by intimate and commercial sexual partners among street-based sex workers and explores correlates of partner abuse by commercial partners using the following factors: sociodemographics, substance abuse, sexual behavior, and physical and sexual childhood abuse. One hundred thirteen street sex workers were recruited from December 1996 through May 1997 while receiving services from the Foundations for Research on Sexually Transmitted Diseases (FROST'D), a nonprofit organization based in New York City. Partner abuse is a common occurrence among street sex workers. Two of three street prostitutes have experienced lifetime physical or sexual abuse by either an intimate or commercial partner. In addition, one of eight reported physical and sexual abuse by both intimate and commercial partners during her lifetime. Women who were homeless in the last year, those who reported exchanging for drugs and money as their main source of income, used injection drugs in the past year and had sex in crack houses, and who were human immunodeficiency virus (HIV)-positive were more likely to be report combined physical and sexual abuse. Understanding the relationship between partner violence, victim's substance abuse, and HIV-risk behavior is important for the development of public policies and treatment and prevention strategies to address the constellation of problems that drug-using female street sex workers face.

Hattan DC; Kleffel D; Bennett S; Gaffrey EAN. **Homeless women and children's access to health care: A**

**paradox.** JI of Community Health Nursing (Special Issue):18(1):25-34, 2001.

Homeless women and children who reside in shelters experience many health related problems. The aim of the qualitative study reported here was to (a) explore how shelter staffs manage health problems among their residents and assist them in accessing health services, and (b) identify clinical strategies for community health nurses working with this population. Findings demonstrate a paradox whereby homeless shelter staffs try to gain access to care for their residents through a system that is designed to keep them out. In addition, findings indicate a need for increased community health nursing services in homeless shelters. Strategies for resolving this paradox include providing assessment, policy development, and assurance of health care for homeless women and children.

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Means RH. **A primary care approach to treating women without homes.** Medscape womens Health, 6(2):1, Mar 2001.

Medical practitioners are encountering more women who are presently or formerly homeless. Homelessness negatively affects health and health outcomes. Women without homes experience repeated violence and trauma. In this review, the definition and scope of homelessness as it impacts women is discussed, from the etiology of women's homelessness to a description of their lifestyle. A paradigm of a primary care approach to understanding and treating women without homes is presented, including strategies for history taking, physical exams, and follow-up care that help build trust and improve compliance.

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Noell J; Rohde P; Seeley J. **Childhood sexual abuse, adolescent sexual coercion and sexually transmitted infection acquisition among homeless female adolescents.** Child Abuse and Neglect, 25(1):137-48, Jan 2001.

The objective of this study was to examine the relationship between childhood experiences of sexual abuse, sexual coercion during adolescence, and the acquisition of sexually transmitted infections (STIs) in a population of homeless adolescents. Homeless adolescent females (N=216) from a northwestern United States city were recruited by street outreach workers for a longitudinal study of STI epidemiology. Baseline data on childhood abuse and recent history of sexual coercion were used to predict physiologically confirmed STI acquisition over the subsequent 6 months. About 38% of all girls reported a history of childhood sexual abuse (CSA). Girls with a history of CSA were more likely to report recent sexual coercion. In turn, sexual coercion in the last three months was significantly associated with a higher number of sexual partners (but not with a greater frequency of intercourse or with lower rates of condom use). Number of sexual partners significantly predicted the future acquisition of an STI within 6 months. Interventions to reduce risky sexual behaviors in homeless adolescent females may need to consider the impact of CSA, particularly on the number of sexual partners during adolescence. However, it also should be noted that engagement in intercourse often results from coercion and is not voluntary in this population.

Lindsay-Blue D. **A comparative study of reported parenting practices in abused and non abused shelter women.** Dissertation (DAI), California School of Professional Psychology, Los Angeles, CA, 1999.

This study recruited 38 abused and 28 non abused women who resided at domestic violence and homeless shelters, respectively; married or cohabitating in an intimate relationship during the past six months, and had at least one child of school age attending school. The women were grouped as abused or non abused; their parenting practices between the groups of abused and non abused women in shelter residences. However, racial differences were found between Caucasian, African-Americans, and Native Americans in their reported empathetic responses toward their children. Correlational analysis found relationships across the groups of women in their satisfaction with emotional supports and consistency in the use of disciplinary practices. Overall, this research seemed to support the assumption that the determinants of parenting in a domestic violence population are as similar or varied as those non abused shelter populations. These findings may have implications for future models of intervention with abused mothers and their children.

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Melnick SM; Bassuk EL. **Identifying and responding to violence among poor and homeless women. Brochure/Executive Summary.** Newton Centre, MA: The Better Homes Fund, 1999.

This is the executive summary for the manual, *Identifying and Responding to Violence Among Poor and Homeless Women: Health Care Provider's Guide*. The focus of this report is understanding trauma, identifying and assessing its effects, assessing clients' safety, treating clients' medical and psychological conditions and documenting the effects of violence. Survivors often come to primary care and emergency services without knowing that the effects of violence are involved in causing or maintaining their physical complaints. It is important for providers and survivors to make the connection between past traumatic experiences and current difficulties. Given the high rate of violent victimization among homeless and poor people, this report suggests ways to connect with clients who are trauma survivors and together arrive at their best treatment choices. While this report focuses on women's needs, the general principles apply to men as well. AVAILABLE FROM: The Better Homes Fund, 181 Wells Avenue, Newton Centre, MA, 02459. hone: (617) 964-3834, Fax: (617) 244-1758.

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Zlotnick C; Robertson MJ; Wright MA. **The impact of childhood foster care and other out-of-home placement on homeless women and their children.** Child Abuse Negl, 23(11):1057-68, November 1999.

OBJECTIVE: This study compares homeless women who had childhood histories of foster care or other out-of-home placement to those who have not. METHOD: A countywide probability sample of homeless women (n=179) received structured interviews. RESULTS: One-third of homeless women reported being raised apart from their parents. Among women with children under age 18, most (61.5%) had children who had lived in foster care or other out-of-home placements. Variables associated with homeless mothers' children living in foster care or other out-of-home placements were: Child was school-age, mother was age 35 or older, mother had a current alcohol or drug use disorder, mother experienced childhood sexual abuse, and mother ran away from home (when under age 18). CONCLUSIONS: Parenting is difficult for homeless mothers who may need to place their children with others to facilitate school attendance. Parent-child interaction may be problematic in family shelters where privacy is rare. Thus, programs promoting family preservation for homeless mothers should provide parenting support as well as permanent housing.

## 1998

Bassuk EL; Melnick S; Browne A. **Responding to the needs of low-income and homeless women who are survivors of family violence.** J Am Med Women=s Assoc, 53(2):57-64, 1998

Americans have started to recognize interpersonal violence as a major health care issue. Increasingly, clinicians are beginning to recognize both the high rate of victimization among extremely poor women and its health consequences. However, most clinical responses focus on the immediate effects of child abuse, partner abuse, and rape. The long-term medical and mental health consequences and the relationship between early victimization and adult problems are still largely ignored. This article focuses on medical and mental health needs of extremely poor women survivors of interpersonal violence. It begins by documenting the extent and nature of violence against low-income women. Special attention is focused on the long-term sequelae of childhood abuse and on identifying and managing complex trauma responses in these women. The article concludes by discussing obstacles to care and the necessity of advocating for increased resources to respond to women living in extreme poverty.

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Krishnan SP; Hilbert JC. **In search of sanctuary: addressing issues of domestic violence and homelessness at shelters.** Womens Health Issues, 8(5):310-6, Sept.-Oct. 1998.

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Robrecht LC; Anderson DG. **Interpersonal violence and the pregnant homeless woman.** J Obstet Gynecol Neonatal Nurs, 27(6):684-91, Nov.-Dec. 1998.

Homelessness continues to increase in the United States. Families comprise the fastest growing segment of the homeless population, and estimates suggest that women head 90% of homeless families. Pregnant homeless women are exposed to more cumulative violence than are comparable low-income, housed women. Intervention strategies that may improve health care provided to pregnant homeless women include abuse and safety assessment protocols and the use of a hand-carried health record. These interventions are directed at efforts to preserve the woman's autonomy and confidentiality, reduce areas of client-provider conflict, and generally improve encounters between the client and the health care system.

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Williams JC. **Domestic violence and poverty: the narratives of homeless women.** Frontiers: A Journal of Women Studies, 19(2): 143-165, 1998.

This article analyzes both homeless shelters and battered women's shelters in Phoenix, Az., and points to the striking similarities in reasons for seeking emergency housing in both types of shelters. Specifically women discuss similarly impoverished circumstances and often indicate that their past histories include abusive partners. Partly, the similarity in these stories can be traced to overlapping populations of the two types of shelters. Women may enter a homeless shelter after spending thirty days in a battered women's shelter, and some may enter homeless shelters instead of battered women's shelters due to availability, later curfews, and a variety of other reasons. The author concludes that the overlap in populations and the similarities among

women's stories suggest a complex connection between battering and homelessness.

## 1997

Browne A; Bassuk S. **Intimate violence in the lives of homeless and poor housed Wwmen: prevalence and patterns in an ethnically diverse sample.** American Journal of Orthopsychiatry 67(2): 261-278, 1997.

In a study of 436 homeless and poorly housed mothers, nearly two-thirds reported severe physical violence by a childhood caretaker, 42% reported childhood sexual molestation, and 61% reported severe violence by a male partner. Comparisons of homeless and housed women are presented, and implications for prevention and intervention are discussed in light of recent welfare reform legislation.

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Clarke PN; Pendry NC; Kim YS. **Patterns of violence in homeless women.** West J Nurs Res, 19(4):490-500, August 1997.

Fifty percent of all women in America have reported being battered at some point in time, and one in five report regular assaults. This exploratory qualitative study's purpose was to describe reported patterns of violence in sheltered battered women. Homelessness was the adaptive response to battering. A purposive sample of seven women described violence patterns from childhood and their most recent relationships prior to seeking shelter. In-depth audiotaped interviews indicated extreme violence and terror. Thematic analysis revealed an understanding of abusive patterns with a male partner. A theory of freedom-seeking behavior emerged, with related themes including terror, murderous thoughts, awakening, and escape. The emerging theory has implications for outreach, case finding, and identification of intervention timing.

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Goodman LA; Rosenberg SD; Mueser KT; Drake RE. **Physical and sexual assault history in women with serious mental illness: prevalence, correlates, treatment, and future research directions.** Schizophr Bull, 23(4):685-696, 1997.

An emerging body of research on the physical and sexual abuse of seriously mentally ill (SMI) women documents a high incidence and prevalence of victimization within this population. While causal links are not well understood, there is convergent evidence that victimization of SMI women is associated with increased symptom levels, HIV-related risk behaviors, and such comorbid conditions as homelessness and substance abuse. These abuse correlates may influence chronicity, service utilization patterns, and treatment alliance. This article reviews the research literature on the prevalence, symptomatic and behavioral correlates, and treatment of abuse among SMI women, particularly women with schizophrenia. Within each topic, we discuss relevant research findings, limitations of available studies, and key questions that remain unanswered. We also discuss mechanisms that may underlie the relationship between trauma and schizophrenia-spectrum disorders. We conclude by outlining directions for future research in this area.

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Herman DB; Susser ES; Struening EL; Link BL. **Adverse childhood experiences: are they risk factors for adult homelessness?** Am J Public Health, 87(2):249-255, February 1997.

**OBJECTIVES:** We tested the hypothesis that adverse childhood experiences are risk factors for adult homelessness. **METHODS:** We interviewed a nationally representative sample of 92 US household members who had previously been homeless and a comparison group of 395 individuals with no prior homelessness. We assessed childhood adversity with a structured protocol that included a previously validated scale indicating lack of care from parents and single-item measures of physical and sexual abuse. **RESULTS:** Lack of care from a parent during childhood sharply increased the likelihood of subsequent homelessness, as did physical abuse. Sexual abuse during childhood was associated with a nonsignificant trend toward homelessness. The risk of subsequent homelessness among individuals who experienced both lack of care and either type of abuse was dramatically increased compared with subjects reporting neither of these adversities. **CONCLUSIONS:** Adverse childhood experiences are powerful risk factors for adult homelessness. Effectively reducing child abuse and neglect may ultimately help prevent critical social problems including homelessness.

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Malos E; Hague G. **Women, housing, homelessness and domestic violence.** Women's Studies International Forum 20(3): 397-409, 1997.

The study described in this article examined homelessness law in the United Kingdom before the passage of the Housing Act (1996) in Britain. It does not bear out the supposition that homeless families, including women escaping from domestic violence and their children, were unfairly favored under the previous legislation. The article argues that the withdrawal in the new Act of the statutory link between homelessness and a lifeline to permanent housing is an example of the ambivalent and contradictory nature of government policy in relation to families and to the social position of women, and is a potentially disastrous development for many women experiencing domestic violence and for their children.

<b>1996</b>
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Davies-Nettley S; Hurlburt MS; Hough RL. **Childhood abuse as a precursor to homelessness for homeless women with severe mental illness.** Violence Vict, 11(2):129-142, 1996.

Previous studies of childhood abuse levels among homeless women have typically focused either on single homeless women or female heads of families; almost none have focused specifically on homeless women with severe mental illness. This study explores rates of childhood physical and sexual abuse among 120 homeless women with severe mental illness. Correlates of experiencing childhood abuse are considered, including mental health outcomes and when women first become homeless. The prevalence of childhood abuse in this sample of women was substantially higher than among homeless women in general. The experience of childhood abuse was related to increased suicidality, and resulted in symptoms of posttraumatic stress disorder for some women. Women who had suffered abuse were also much more likely to become homeless during childhood and it is suggested that this is an important precursor to homelessness for many homeless women with chronic and severe mental illness.

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Goodman LA; Dutton MA. **The relationship between victimization and cognitive schemata among episodically homeless, seriously mentally ill women.** Violence Vict, 11(2):159-174, 1996.

This study explored the extent to which specific aspects of violent victimization are associated with cognitive schemata in the context of ongoing, often lifelong, trauma and negative life events. Specifically, we examined the relationships between cognitive schemata (safety, self- and other esteem, intimacy, and trust) and three dimensions of physical and sexual assault histories (recentness, frequency, and variety) among 91 predominantly African American, episodically homeless, seriously mentally ill women. Findings indicated that even in the context of pervasive violence, more frequent, recent, and varied abuse was associated with more negative cognitive schemata. We discuss these findings in the context of research and practice with disenfranchised populations at high risk for violent victimization.

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Harris M. **Treating sexual abuse trauma with dually diagnosed women.** Community Ment Health J, 32(4):371-385, August 1996.

Women who are diagnosed with a major mental illness, who have a history of drug or alcohol abuse, and who have been episodically homeless are also likely to have been the victims of sexual or physical abuse. Treatment for these women needs to incorporate an active program of trauma recovery. A program of trauma-based treatment that includes supportive group therapy, cognitive reframing, and social skills training is discussed along with clinical examples.

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Richie BE; Johnsen C. **Abuse histories among newly incarcerated women in a New York City jail.** J Am Med Womens Assoc, 51(3):111-114, May 1996.

This article reports the findings from a study of women detained in the women's jail at Rikers Island Correctional Facility in New York City. Interviews were used to gather data on five variables: women's childhood physical and sexual abuse, victimization as adults, drug use, homelessness, and suicide. These findings were analyzed along with biological data on STDs. The conclusions suggest that an association exists between childhood physical and sexual abuse and drug use, suicide attempts, and homelessness in adulthood. The findings indicate that these experiences are common for the population under study, and that a positive association between the variables exists in a sample of incarcerated women. Implications and questions for further research are discussed.

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<b>1995</b>
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Fisher B; Hovell M; Hofstetter CR; Hough R. **Risks associated with long-term homelessness among women: battery, rape, and HIV infection.** Int J Health Serv, 25(2):351-369, 1995.

The purposes of this study were to determine the prevalence of battery, rape, and HIV risk practices in a sample of long-term homeless women and to explore correlates of HIV risk practices. Fifty-three women who had been homeless for at least three months in the last year were interviewed at day and night shelters.

The women were demographically similar to other samples of homeless men and women and had similar rates of drug use. However, a higher proportion of homeless women were exposed to battery (91%), rape (56%), and mental distress, and they had a smaller support network (three people). Eighty-six percent had been battered prior to homelessness. A positive association was found between HIV risk practices and the use of certain drugs and having a protector. A higher level of assertiveness was associated with less HIV risk. The study demonstrated that homeless women are at very high risk of battery and rape. Being homeless may require life-styles that increase the risk of HIV infection and transmission.

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Goodman LA; Dutton MA; Harris M. **Episodically homeless women with serious mental illness: prevalence of physical and sexual assault.** Am J Orthopsychiatry, 65(4):468-478, October 1995.

Three aspects of physical and sexual assault in the histories of 99 episodically homeless, seriously mentally ill women were assessed: lifetime prevalence; severity, co-occurrence, and recency; and associations between levels of this victimization and specific characteristics of the women. Results indicate that life-time risk for violent victimization was so high (97%) as to amount to normative experiences for this population.

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Padgett DK; Struening EL; Andrews H; Pittman J. **Predictors of emergency room use by homeless adults in New York City: the influence of predisposing, enabling and need factors.** Soc Sci Med, 41(4):547-556, August 1995.

Employing data from a 1987 shelter survey of 1260 homeless adults in New York City, multivariate models of emergency room (ER) use are developed which include an array of risk factors for visiting a hospital ER including health and mental health problems, victimization and injuries. The study's primary goal is to identify factors that predict ER use in this population. Multivariate logistic and linear regression models were tested separately for men and women predicting three outcomes: any use of the ER during the past 6 months, use of the ER for injuries vs all other reasons (given any ER use), and the number of ER visits (given any ER use). Lower alcohol dependence, health symptoms and injuries were strong predictors for both men and women; other significant predictors differed markedly by gender. Both models were highly significant and produced strikingly high risk profiles. A high prevalence of victimization and injuries underlies ER use among the homeless. Based upon the findings, we recommend expanded health and victim services as well as preventive measures. Until primary care becomes available for this population, we advise against policies that discourage ER use by the homeless.

<b>1994</b>
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Charles N. **The housing needs of women and children escaping domestic violence.** Journal of Social Politics 23(4): 465-487, 1994.

This article discusses the experiences of women and children who become homeless as a result of domestic violence and assesses the extent to which their need for housing both temporary and permanent, is being met within Wales. It explores women's experiences of living in and moving on from refuges. The authors explain that the availability of suitable and affordable move-on accommodation for women and children leaving refuges is insufficient to meet need, resulting in long stays in refuges. Findings indicate that women and children who have survived domestic violence need access to housing that is safe, affordable, and that has support services readily available if needed.

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North CS; Smith EM; Spitznagel EL. **Violence and the homeless: an epidemiologic study of victimization and aggression.** J Trauma Stress, 7(1):95-110, January 1994.

The present study is a random, systematic study of 900 homeless subjects in St. Louis that describes violence in their lives, both in terms of victimization, by specific violent traumatic events, and victimizing with recognized aggressive behaviors. Many subjects had experienced a traumatic event, and post-traumatic stress disorder was very common. Substance abuse and other Axis I disorders were associated with a history of a traumatic event. The majority of men and a substantial proportion of women also had a history of physically aggressive behaviors, often beginning in childhood. Aggressive adult behavior was associated with substance abuse and major depression. The aggressive behaviors usually predated homelessness, and about half continued after the individual had become homeless. Therefore, it is seen that violence is very much a part of the lives of the homeless, and it seems to be part of a broader picture of problems associated with risk for and experience of homelessness.

## 1993

Browne A. **Family violence and homelessness: the relevance of trauma histories in the lives of homeless women.** Am J Orthopsychiatry, 63(3):370-384, July 1993.

Studies of homeless women reveal high lifetime rates of childhood physical and sexual abuse and of assault by intimate male partners. The extent of family violence in the lives of homeless women is examined, as are parallels between the long-term effects of childhood abuse and characteristics identified in homeless women. Implications for research and service provision are discussed.

## 1992

Browne A. **Violence against women: report of the AMA Council on Scientific Affairs policy statement.** Council on Scientific Affairs, I-91, 1992.

Evidence collected over the last 20 years indicates that physical and sexual violence against women is at epidemic proportions. Much of this violence is perpetrated by women's intimate partners or in relationships that would presumably carry some protective connotations (e.g., father-daughter, boyfriend-girlfriend). This violence carries with it both short- and long-term sequelae for women, and it affects both their physical and psychological well-being. The high prevalence of violence against women brings them into regular contact with physicians; at least one in five women presenting in emergency rooms is there because of symptoms relating to abuse; possibly one in four women are abused at some time during pregnancy. However, physicians frequently treat the injuries only symptomatically or fail to recognize the injuries as signs of abuse. Even when recognized, physicians are often without resources to address the needs of abused women. This report documents the extent of violence against women and suggests paths that the physician community might take to better address the needs of victims.

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Browne A. **Women, homelessness and the cycle of violence.** Opening Doors 1(3): 1-8, 1992.

In this issue, the author offers statistics about the pervasiveness of domestic violence in the lives of homeless women and their children and the link between prior trauma and homelessness. The author outlines some of the symptoms of trauma and highlights the important role physicians and other caregivers play in identifying and intervening in the cycle of abuse.

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Moy JA; Sanchez MR. **The cutaneous manifestations of violence and poverty.** Arch Dermatol, 128(6):829-839, June 1992.

**BACKGROUND:** Violence is a public health issue that disproportionately affects the poor. Homelessness, drug abuse, and physical violence are seen with increasing frequency in poor communities. This article reviews the cutaneous manifestations of violence and the dermatologic problems commonly seen in the homeless. Particular emphasis is placed on the experience of municipal hospitals serving the urban poor. **OBSERVATIONS:** Dermatologic diseases are common in the homeless, and foot-related problems such as cellulitis and pyodermas are frequent causes of hospitalization. Unusual patterns of scarring and bruises in different stages of healing are seen in victims of physical violence. Trauma and sexually transmitted diseases result from sexual abuse. Serious skin infection and self-mutilating scarring are seen in intravenous drug abusers. **CONCLUSION:** Dermatologists are able to diagnose and treat the many skin problems seen in the poor and to identify the physical manifestations of abuse during routine skin examination. Findings of violence should be documented and reported to the appropriate investigational agencies.

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North CS; Smith EM. **Posttraumatic stress disorder among homeless men and women.** Hosp Community Psychiatry, 43(10):1010-1016, October 1992.

Six hundred homeless men and 300 homeless women in St. Louis were systematically interviewed using the revised Diagnostic Interview Schedule that includes a module for assessment of posttraumatic stress disorder (PTSD). Most subjects with PTSD had an additional life-time psychiatric diagnosis. No consistent pattern of association was apparent, however, between individual diagnoses and either traumatic events or PTSD. In almost three-fourths of both men and women, the onset of PTSD had preceded the onset of homelessness. Childhood histories of abuse and family fighting were predictive of both traumatic events and PTSD. The results suggest that factors leading to PTSD in the study sample began long before the onset of homelessness.

and may overlap with factors operative in the genesis of homelessness.

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Padgett DK; Struening EL. **Victimization and traumatic injuries among the homeless: associations with alcohol, drug, and mental problems.** Am J Orthopsychiatry, 62(4):525-534, October 1992.

Data from a 1987 survey of 1,260 homeless adults in New York City show that mental problems and substance dependence were significantly linked to beating and sexual assault among women and to several types of injury and victimization among men. The extremely high rates of victimization and injury underscore a need for greater attention to the safety and welfare of homeless people.

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Weitzman BC; Knickman JR; Shinn M. **Predictors of shelter use among low-income families: psychiatric history, substance abuse, and victimization.** Am J Public Health, 82(11):1547-1550, November 1992.

For poor housed and homeless families in New York City, NY, we examined the degree to which psychiatric and substance-abuse problems and victimization placed the families at elevated risk of requiring emergency housing, and we documented the prevalence of such problems. These problems were infrequently reported by both groups. However, past mental hospitalization, treatment in a detoxification center, childhood sexual abuse, and adult physical abuse were associated with increased risk of homelessness.

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Winkleby MA;; Rockhill B; Jatulis D; Fortmann SP. **The medical origins of homelessness.** Am J Public Health, 82(10):1394-1398, October 1992.

In 1989 through 1990, we conducted a cross-sectional survey of 1437 homeless adults in northern California (98% response rate). Prevalence of alcohol abuse, illegal drug use, and psychiatric hospitalization when adults first became homeless were 15% to 33% lower than prevalence following homelessness. The largest differences between the homeless and a comparison group of 3122 nonhomeless adults were for psychiatric hospitalization and alcohol abuse. However, when prehomeless prevalence of addictive and psychiatric disorders were compared with prevalence among the nonhomeless, absolute differences were no greater than 12%.

<b>1991</b>
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Robertson MJ. **Homeless women with children. The role of alcohol and other drug abuse.** Am Psychol, 46(11):1198-1204, November 1991.

For some women with children, alcohol and other drug use may be an important risk factor for homelessness because it may interfere with a woman's capacity to compete for scarce resources such as housing,

employment, or services. The impact of various policy decisions on homeless women, their dependent children, and the family unit is considered, including women's right to privacy, criminalization of drug use, and scarcity of appropriate treatment programs for homeless women.

<b>1987</b>
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Gross TP; Rosenberg ML. **Shelters for battered women and their children: an under-recognized source of communicable disease transmission.** Am J Public Health, Sep;77(9):1198-201, September 1987.

A survey of 73 full-time government-funded shelters for battered women and their children from five geographic regions in 15 states provided information on communicable disease problems and control measures (focusing on diarrheal illness). Outbreaks of diarrheal illness involving more than 10 persons were reported by 12% (9/73) of shelter directors. Less than half reported screening potential residents for communicable diseases before admitting them, and the majority reported that most of their staff are trained in basics of first aid, principles of hygiene, and experienced in day care work. More than half of the staff in the majority of shelters are counselors, but only 5% (4/73) of shelters have health care workers. Less than one-fourth of the shelters have areas designated for diapering infants and less than half of the shelter directors knew of specified health regulations applying to their shelter. For most shelters, limitations on staff size, training, and funding may restrict the types of disease control measures they can apply. However, basic hygienic practices, such as strict hand washing and identification and cohorting of sick clients, may be effective in disease prevention.